

AMERICAN INTELLIGENCE.

Case of Imperfect Vision, following a blow on the Eye.—Absence of the Crystalline Lens ascertained by Catoptric examination. By JAMES W. KERR, M. D., one of the Resident Physicians to the Philadelphia Hospital, Blockley.

HAVING observed in your Journal of August last a case illustrative of the "value of the catoptric examination of the eye as a means of diagnosis," I have thought that a case confirmatory of the same fact might be interesting to you. The following case, which occurred under my observation, is therefore presented to you for your disposal.

J. M., a stone-cutter, while engaged at his trade in trimming a stone, 18 years ago, was struck in the left eye by a piece of the stone, or of the instrument which he was using, which caused severe pain, redness and swelling. These were removed in a month by bleeding, leeches and purgatives, but he has since been deprived of useful vision with that eye.

The eye presents the following appearances:—Cornea, conjunctiva, sclerotica, natural; colour of iris same as that of the right; pupil black, clear, somewhat larger than the right; slightly irregular, apparently no adhesions; iris tremulous and somewhat contractile. Says that he can distinguish day from night, and bodies when moved in front of the eye, and can see best from the nasal side of the eye.

On examination with a lighted candle, I could only distinguish the first upright image from the cornea. I examined the eye several times, and could never see more than the one image. As this corresponded with the appearance of the eye in your case, I presumed that the lens had been displaced by the blow which he had received eighteen years ago.

I then procured a pair of spectacles with double convex lens, and adjusting them to the eye, and closing the right one, he was much surprised at being able to distinguish objects. After wearing them for a few moments he could readily distinguish a key, knife, cent, quarter or half dollar. I then directed him to wear them for a few hours, when he was able to distinguish persons and large letters.

Although this case is not so satisfactory as yours, yet it is useful as showing the value of the catoptric examination as a means of diagnosis, and points out a ready mode of relief.

Violent Symptoms from the Bite of a Rat. By WHITMAN WILCOX, M. D. of Baton Rouge, La., late Demonstrator of Anatomy in the Medical College of Louisiana.

Benj. Bryan, ætat. 40, of good habits and constitution, received a bite from a rat upon the fleshy part of the hand, near the root of the thumb, about the first of March. Very little notice was taken of the wound until 12 or 13 days afterwards, when it commenced to be painful and tumefied. I was called in on the evening of the 17th, and found him with pain in the back and head, heat of skin, thirst, tongue with a thin white coat, bowels cos-

tive, hand painful and swollen, pulse nearly natural. I prescribed Pil. Cath. U. S. No. iij. and an emollient poultice to wound.

18th, *Morning*.—Pills operated twice briskly, which nearly relieved the pain in the head and back, but there was still considerable pain in the hand, heat of skin and general uneasiness. Prescribed acet. ammon. ʒij; Sp. nit. dulc. ʒij; morph. sulph. gr. $\frac{1}{2}$. Mix. S. tablespoonful every half hour till all taken. Two o'clock, P. M. medicine had produced no effect; all the symptoms had become aggravated. Venesection, ʒxv. Night, considerably relieved, though still uneasy. Ordered Pulv. Doveri gr. xv.

19th, *Morning*.—Had some disturbed sleep, complained of no local pain, but general uneasiness. His mind was bewildered and wandering; with difficulty could be made to give direct answers to questions; could not tell where he was bitten, or when it first began to pain him. When pressed to describe his symptoms, said he felt very bad, had some pain in every part of his body. His eyes were glazed and dull, tongue a dark brown fur in the centre of a white coating. The wound was much swelled and very tense; tumefaction circumscribed. Upon the apex, about the size of a quarter of a dollar, it had assumed a moulded and gangrenous appearance. I made three or four incisions into it, which afforded considerable relief, and applied a warm emollient poultice. R. Submur. hydrarg. gr. xv.; morph. sulph. gr. ss. M. Ft. pil. iij. S. one every three hours.

20th, *Morning*.—Had wandered during the night, felt very weak, appearance much relaxed and pale, extremities and tongue cool, no desire to take nourishment. R. Quinine sul. gr. vj. 2 P. M. quinine had decidedly a favourable effect, and he appeared calm; took some chicken soup.—Evening, no motion from the bowels since night before last. R. Pulv. Rhei ʒss. Soda sub. carb. ʒj. M.

21st.—Medicine operated once; much relieved, and continued to improve.

25th.—Called again to see the patient, who was complaining of severe pain, resulting from inflammation of the absorbents extending from the wound to the axilla. There was much heat, redness, swelling, and some general excitement. V. S. ʒv., which, together with the use of cold applications, diaphoretics, anodynes to procure sleep, and after much suffering for five or six days, the symptoms gradually subsided and he was again convalescing. After the elapse of three or four days the inflammation of the absorbents again showed a disposition to recur, but was dispersed by the application of a blister over the part and nearly the whole length of the forearm. The thick skin in the vicinity of the wound had sloughed off, leaving the parts beneath of a dark brown appearance, apparently possessing but little vitality.

Tenotomy for Club Foot successfully performed.—By W. M. EGBERT, M. D. of Manayunk.

A son of Mr. Jacob Coon, of Manayunk, was born with varus of the third degree in the left foot. When the child was 6½ months old, his father, who had heard of the operation for club foot, consulted me in regard to the propriety of correcting the deformity, anterior to the period of his walking.

Upon examination, I found the heel shortened about an inch and a half and drawn inward nearly to the malleolus internus, obliterating it completely. The facia plantaris and anterior tibial muscles were considerably contracted.